

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishn	nant Name		or or one of the state of the s				
<i>B</i> 3Q				Telephone Number	Date of Inspection (mm/dd/yr)		PERMIT #
		ss (n	umber and street, city, state, zip code)	\$12 951 3900 (mm		0/21/2019 18-2	
1044 (·sout	د / آ د ا	Dr. Gorgebon, IN 47122	502 718 7389	ן ויך לש	2017	
I O				Purpose:	Follow w	n Dalasa	D-4-
);N +	+ Kevin	· ·	Samons	1. Routine	Follow-up Release Date NO TODAY		
Owner's A				2. Follow-up	Summary of Violations:		
<u>L</u> .				3. Complaint	Summary	of Violation	18:
Person in (<u>-</u>	$C \mid NC \mid R$		
131	SAMM			4. Pre-Operational			R
Responsibl	le Person's	E-m	ail	5. Temporary	Menu Type (See back of page)		
C CC IE			<u>a de la companya de</u>	6. HACCP			,
Certified F	ood Mana		(5/20/20)	7. Other (list)	12_	3	_4_X5
	·				<u> </u>		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative				rrected By
438	C		Observed (2) unlabeled chemical spring bottles Observed mild build-up on interior chuk of bulk ice machine			10DAY	
297 NC Observed note build-up on subscient which of bulk in markey						TODA	
				<u> </u>	MANA	100/	
	<u> </u>				•		,
	† 					· · · · · · · · · · · · · · · · · · ·	·
		-		4		<u>:</u>	-
·	 		Establishment will be switching to during summer.	Thurs - Saturda			
			during summer.			<u>:</u>	
							=
<u> </u>	· .		If a new location is found.	establishant mist	—	· · · · ·	
			If a new location is found, complete \$100 plan review	الرصورة المما	. cach	. 1	
		_	Some Stan Contra	and prosp	Note	· · · · ·	
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					<u>_</u>		
Received by	(name and	title	printed):	Inspected by (name and title p	rinted):		
Jill Samons					Ingram	(EHS)	,
D 1 (1 (1))				Inspected by (signature):		(-,,,)	
Chiel Somme				.↑ (o.miniva).	Q.A	• . !	•
cc:	~ <u>~</u>	-	CC;	<u> </u>	Lagi		
			 -		cc:		